WA State Performance Measures Coordinating Committee
September 5, 2014, 9:00 am – 12:00 noon
Meeting Two – Meeting Summary

I. *Welcome and Introduction*:

Dorothy Teeter, Committee Co-Chair, welcomed attendees and thanked them for participating in the meeting. She introduced the new co-chair Nancy Guinto, Executive Director of the Washington Health Alliance. She reminded everyone of the Committee's legislative charge to develop a core measure set that will be used by state agencies, and on a voluntary basis, by other public and private purchasers and commercial payers. The Performance Measurement Committee provides direction to three technical work groups (acute care, chronic illness and prevention) that will recommend approximately 45 measures for a starter set to the Committee by October 31, 2014. After an opportunity for public comment during November, the Performance Measurement Committee will make final recommendations to HCA no later than December 17, 2014.

Ms. Teeter stressed the importance of keeping this a transparent process, allowing for public input and opportunities for participation, sharing all meeting materials and summaries on the Healthier WA website at: http://www.hca.wa.gov/hw/Pages/performance_measures.aspx.

II. *Open Public Meetings Act - Melissa Burke-Cain, Assistant Attorney General for HCA:*

Melissa Burke-Cain, Lead Attorney General for the Health Care Authority took the committee through the Open Meetings training, required for boards and commissions under Engrossed Senate Bill 5964. Questions that were addressed:

Q: Status of the workgroups?
A: Workgroups are open to the public

Q: Any conversation with any member of the group can be considered "open meeting"?
A: Have to have a quorum and the conversation has to be relevant to the work of the committee

For additional information or if you were not able to attend the training you can go to: http://www.atg.wa.gov/OpenGovernmentTraining.aspx.

III. *Review Decisions and Actions to Date:*

Susie Dade, Washington Health Alliance, briefly reviewed the Performance Measurement Committee's decisions to date, noting that these decisions have been used to frame the activities of the three workgroups that have already met four times and are well along the path of completing their work. Ms. Dade reviewed the measure selection criteria outlined in 2752, as well as the additional criteria added by the committee at the first meeting. She also discussed the role of the workgroups, timeframe, and shared the membership list for each workgroup.

- During Ms. Dade's review of the measure selection criteria, she emphasized five of the 11 criteria (Slides 34 and 35):

- Readily available data – because this is a starter set and we want to get going as quickly as possible
- Use of nationally-vetted measures – we do not anticipate developing new measures but prefer to use measures already tested and in use
- Desire to align with national measure sets select measures with potential to improve in WA
- Measures should be valid and reliable and produce sufficient numerator and denominator size for public reporting

- Ms. Dade took the committee through the measure selection process, explaining that this is an iterative process. The intent is that this is a **starter** set, based on readily available data and is doable in the near term. It is expected that the measure set will evolve over time as priorities, measurement capability, and nationally vetted measures evolve.
- Ms. Dade explained the purpose of the "parking lot" and why some topics and/or specific measures are placed there. Items in the parking lot:
  - are considered by the workgroups to be highly important but data are not readily available at this time to complete measurement ; or
  - they are there because nationally-vetted measures and are not currently available and we do not have the resources to develop, test and implement brand new measure specifications

Measures in the parking lot will be considered in the future as additional data sources become available and nationally vetted measures evolve.

Committee comments/suggestions:

Q: Can we capture the reasons for the "NOs" so people understand why they were eliminated?

A: It is unlikely that the workgroups will prepare reasons for each measure eliminated from further consideration. There are hundreds of these measures and all of them have essentially been eliminated for one or more of the following three reasons: (1) we do not have readily available data to complete the measurement; (2) the measure represents an area where there is no significant opportunity for improvement in WA; and/or (3) the measure focuses very narrowly on a clinical area that may be important but does not apply broadly within WA State and will not include numerators and denominators of a size large enough to support reporting. However, as staff and workgroup members continue to work to identify appropriate measures, additional information/data to justify inclusion in the starter set, will be included so committee members will be able to make informed decisions.

Q: Do workgroups have current performance data available to assess opportunity for impact when considering measures?

A: Benchmark and WA performance data was shared for measures when available. Some information is coming from the data, (e.g., NCQA HEDIS 50th and 90th percentile performance nationally compared to WA) and some is coming from expert opinion from the workgroup. The workgroup will share commentary/rationale with its recommendations.

IV. Workgroup Status Reports:

General Comments (applicable to the process as whole):

- The committee expressed concern that most measures on the "yes" list are claims-based. The concern is that the list is not sufficiently inclusive of outcome measures and not aspirational enough. While understanding the lack of readily available data to enable measurement in the near term, the committee asked whether there are a small number of outcome measures that are so important that we will want to include (even if the data is not yet readily or widely available) to reinforce importance and drive data collection capability within the state (e.g., blood pressure control).
- The committee noted that there are a few big topics missing or inadequately addressed; it was discussed that these topics either (1) do not have standardized measures in wide use anywhere in the country or (2) the measures are so narrow and specific that they do not produce results with sufficient numerator and denominator size for public reporting:
    - Cancer
    - Chronic pain, especially back pain
    - Mental illness, particularly diagnoses other than depression (e.g., bi-polar, anxiety, other more serious mental illnesses)
    - Dementia
    - Palliative Care
- The concept of "bundling measures" was discussed; also discussed was how difficult this is and that you need robust and reliable data for each component of the bundle before the bundle can be measured.
- A suggestion was made that the measure set should include one or more global population health measures.
- A suggestion was made to connect to the Indian Health Service for data, particularly for immunizations.

With respect to the complete recommendations of the workgroups, due in October, the Committee asked for the following:

- Whenever possible, please include data and/commentary re: (1) why measure included in starter set (context, rationale), and (2) any information available about opportunity for improvement in WA state (potential impact).
- Rename the "parking lot" to better label its contents; suggested: "High Priority Development Agenda" . . . or something similar. Prioritize this list by getting input from three workgroups plus PMCC to inform prioritization; have this prioritization for October 31 PMCC meeting.
- Consider organizing measures into two tiers: (1) broad *population health* measures only measurable at the broad population level (i.e., county and/or state as a whole) as a market for health status; and, (2) health care *delivery system* measures that are measurable at the medical group, hospital and/or health plan level.

Comments Specific to the Prevention Workgroup:

Dr. Jeff Harris reported on the progress of the Prevention Workgroup. The following reflects the disposition of measures reviewed *to date* and whether they are tentatively included on the starter set list.

Tentatively YES (Slide 49)	**Tentatively MAYBE**	**NO, eliminated from further consideration**	**Parking Lot** (Slide 50)
12	0	37	5

Committee comments/suggestions:

- Consider adding adult access measure due to insurance expansion and impact on delivery system capacity.
- Screening, Brief Intervention and Referral to Treatment (SBIRT) should be a priority.

Comments Specific to the Chronic Illness Workgroup:

Dr. Larry Schecter reported on the progress of the Chronic Illness Workgroup. The following reflects the disposition of measures reviewed *to date* and whether they are tentatively included on the starter set list.

Tentatively YES (Slide 55)	**Tentatively MAYBE** (Slide 56)	**NO, eliminated from further consideration**	**Parking Lot** (Slide 57)
9	1	57	13

Committee comments/suggestions:

- Concern expressed about lack of diabetes outcome measures. Consider diabetes composite measure or some sort of bundling method. *Workgroup considered a diabetes composite measure but not all measures in set have available data.*

- Consider removing Pharmacy Percent Generic measure. *The reason WA is high overall is because large integrated delivery systems perform well and impact the overall state performance. However, despite overall good performance, it remains an area of wide variation among individual prescribers, as well as a large cost driver.*
- Consider prioritizing Blood Pressure and HbA1C control as the outcome measures that we select to include. These are standardized outcome measures that have been used for years, reported by large groups.
- Consider including a measure on the readmission rate for COPD instead of the Spirometry for COPD diagnosis.

Comments Specific to the Acute Care Workgroup:

Dr. Schecter reported on the progress of the Acute Care Workgroup. The following reflects the disposition of measures reviewed to date and whether they are tentatively included on the starter set list.

Tentatively YES (Slide 62)	**Tentatively MAYBE** (Slide 63)	**NO, eliminated from further consideration**	**Parking Lot** (Slide 64)
9	4	148	9

Committee comments/suggestions:

- Consider whether to replace the MRI for lower back pain measure with the NCQA HEDIS Imaging for Low Back Pain measure to assess overuse. The current measure selected is more an assessment of whether physical therapy is being utilized, rather than an imaging rate.
- Instead of follow up after hospitalization for mental illness, which has not been particularly useful for the Medicaid population, consider a 30-day psychiatric readmission measure.

V. Next Steps for Workgroups

1. Ms. Dade will send out a survey in October so both workgroup and committee members can provide input on prioritizing the topics and/or measures for inclusion on the "High-Priority Development Agenda."
2. Each workgroup has up to five more meetings (as needed) and will use the feedback from the committee, as well as others to finalize the draft starter set for review in October.

VI. Other Committee Comments:

- The Committee agreed that they are very appreciative of the efforts of the workgroups and the work done to date.
- The Committee determined that it will be important to develop a road map that outlines the process for how measures in the "parking lot" will be addressed.

VII. Next Steps

1. Recommendations for the starter set will be delivered at October 31, 2014 meeting.
2. Survey Monkey will be used to gather input on prioritization of "parking lot" topics; all committee members asked to respond quickly.
3. The measure set will be finalized at the December 17, 2014 meeting.

VIII. Public Comment

- Jenny Arnold, Washington State Pharmacy Association, offered support for the use of a measure for days covered. She also feels that we need more emphasis on patient taking the medication.
- Jody Daniels, GlaskoSmithKline, thanked the workgroups for including robust immunizations measures. She did express concern regarding the lack of outcome measures, stating there are no health outcome measures on acute or chronic care list. This is important, as the legislation charged the Committee to track improvement in health outcomes. She cited "effective disease measurement and key outcomes" language in the legislation. She recommended that the Committee and workgroups look at the list again, and encouraged the group to reconsider control measures for diabetes and blood pressure. Endorse the "half loaf" approach that some reporting and collection of clinical data may be good enough for some priority measures and to get started consider using HEDIS measures reported by health plans.
- Bill Struyk from Johnson and Johnson provided data from his sources on the pharmacy generic fill rate – 99% for most drugs, ADHD 85%, and encouraged removal of the generic prescribing rate measure from the starter set.

Questions/Comments from participants on webinar:

- Lung cancer still kills more people than many of the other cancers combined. Spiral CT Screening has been shown to be very effective at preventing/reducing death rates when screening is done in long term smokers. I gather this was eliminated. Why?
- Can we receive a list of current benchmarks and mean scores (national and WA) for the measures on the Yes lists?
- 1 in 4 adults live with chronic mental health issues including but not limited to depression. Recovery takes place but, as with cancer, recurrences occur. There is now supposed to be parity for mental health however so far I am not seeing it. I understand that the data are simply not there for most diagnoses, or even any, however how will we attempt to get these data here in WA and in the US since mental health issues are common throughout the population?
- Regarding the induction measure, there is a national measure (Joint Commission PC-01) that is reported by almost all hospitals nationally, so there actually is data for WA hospitals outside of the LEAPT group.
- Might look at work days lost to health causes as a measure of global health. It is similar to healthy days, but would report success of our efforts long term in reporting to the public. Data would be from primarily employers and schools. I'm not sure whether the department of labor might have information or OSPI.

Committee Members Present:

Dorothy Teeter, Co-Chair, Washington State Health Care Authority (HCA)
Nancy Guinto, Co-Chair, Washington Health Alliance
Craig Blackmore, Virginia Mason Medical Center
Gordon Bopp, NAMI - Washington
Patrick Bucknum, Columbia Valley Community Health
Ann Christian, Washington Community Mental Health Council
Patrick Connor, National Federation of Independent Businesses
Jessica Cromer, Amerigroup Washington
Sue Deitz, Critical Access Hospital Network of Eastern Washington *(by phone)*
John Espinola, Premera Blue Cross
Gary Franklin, Labor and Industries
Jim Freeburg, National Multiple Sclerosis Society, Greater NW
Teresa Fulton, Western Washington Rural Health Collaborative
Ann Hirsch, Seattle University
Larry Kessler, UW School of Public Health, Department of Sciences
Byron Larson, Urban Indian Health Institute
Dan Lessler, Health Care Authority
Kathy Lofy, Washington State Health Department
Susie McDonald, Group Health Cooperative
Julie McDonald, Providence Regional Medical Center Everett
Sheri Nelson, Association of Washington Business
Mary Kay O'Neill, Regence Blue Shield
Scott Ramsey, Fred Hutchinson Cancer Research Center *(by phone)*
Charissa Raynor, SEIU Healthcare NW Training Partnership/Health Benefits Plus
Dale Reisner, Washington State Medical Association (via phone)
Marguerite Ro, Public Health – Seattle and King County
Rick Rubin, OneHealthPort
Marilyn Scott, Upper Skagit Indian Tribe *(by phone)*
Torney Smith, Spokane Regional Health District
Jonathan Sugarman, Qualis Health
Carol Wagner, Washington State Hospital Association

Committee Members Absent:

Chris Barton, SEIU Healthcare 1199NW
Jane Beyer, Washington State Department of Social and Health Services
Frederick Chen, University of Washington Medicine
Victor Collymore, Community Health Plan of Washington

Additional Participants:

Bob Crittenden, Governor's office
Nathan Johnson, Health Care Authority
Laura Zaichkin, Health Care Authority
Laura Pennington, Health Care Authority
Rhonda Stone, Health Care Authority
Lena Nachand, Health Care Authority

Additional Participants continued:

Alice Lind, Health Care Authority (by phone)
Susie Dade, Washington Health Alliance
Teresa Litton, Washington Health Alliance
Michael Bailit, Bailit Health Purchasing (by phone)
Beth Waldman, Bailit Health Purchasing (by phone)
Jeff Harris, University of Washington
Dan Kent, Premera Blue Cross
Larry Schecter, WA State Hospital Association
Deb Lochner Doyle, Department of Health
Mary Beth Brown, Washington Association of Community and Migrant Health Centers
Sybill Hyppolite, SEIU1199NW
Trish McDaid-O'Neill, AstraZeneca
Erin Simmons, AstraZeneca
Jenny Arnold, WA State Pharmacy Association
Jody Daniels, GlaxoSmithKline
Lee Murdock, Yakima County
Steve Hill, Yakima County